

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-018281**

Registration District No.

Primary Registration District

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. **318**  
**FILED APR 17 1963**

**1003**

**4029**

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS <b>5617 Cabanne, Apt. 205</b>	
3. NAME OF DECEASED (Type or print) <b>Maude (Maudelle) Bell Suell</b>		4. DATE OF DEATH Month <b>4</b> Day <b>9</b> Year <b>63</b>	
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-17-1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pvt. Family</b>	
11a. FATHER'S NAME <b>Joseph Bell</b>		11b. MOTHER'S MAIDEN NAME <b>Anna Liza Hayes</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>no none</b>		12b. SOCIAL SECURITY NO.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Carcinoma of Cervix</b> DUE TO (b) <b>171X</b> DUE TO (c)		14. NAME OF HUSBAND OR WIFE <b>Clifton Suell</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>3-18-63</b> to <b>4-9-63</b> and last saw <b>her</b> alive on <b>4-9-63</b> Death occurred at <b>12:05 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>George D. Hanger</b> (Degree or title) <b>M. D.</b>	
22b. ADDRESS <b>2601 N. Whittier</b>		22c. DATE SIGNED <b>4-9-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/12/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24. FUNERAL DIRECTOR <b>C.W. Roberts Und.Co 1416 N. Taylor Ave</b>		25. DATE RECD. BY LOCAL REG. <b>APR 10 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith. M.D.</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Mr. Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*1123 N. Taylor Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.